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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 128

District of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 321

Town of Miami

Local Registrar's No. _____

or _____

City of _____ (No. _____ St. _____ Ward)

* FULL NAME OF CHILD Gilbert Cardinez { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO

Sex of Child Male Twin, Triplet or other 1 and _____ Number in order of birth 1 Legitimate? Yes Date of Birth 7/19-22
(Month) (Day) (Yr.)

FATHER
Full Name Julio Cardinez
Residence Miami
Color or Race Mex Age at last Birthday 23
(Years)
Birthplace Arg
Occupation miner

MOTHER
Full Maiden Name Rosie Hernandez
Residence Miami
Color or Race Mex Age at last Birthday 19
(Years)
Birthplace Arg
Occupation House wife

Number of Child of this mother 2 Number of children of this mother now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the above child, and that it occurred on 7/19 1922 at 7:15 AM.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Dr. Hardy
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report. _____ 1922

Address Miami, Arg.

Filed 7/22 1922 LOCAL REGISTRAR.

739-719-989
COUNTY REGISTRAR.

Filed 8/8 A True Copy 1922 B. J. Loy
COUNTY REGISTRAR.